Atty Docket 117163-88

AMENDMENTS TO THE SPECIFICATION

Please replace paragraph [0002] with the following amended paragraph:

[0002] The present invention relates to a[[n]] device for treating cardiac arr[[t]]hythmias and fibrillation. Particularly, the device relates to an implantable cardioverter/defibrillator having the capacity to provide redetection therapy.

Please replace paragraph [0019] with the following amended paragraph:

[0019] FIGURE 2 schematically shows a fibrillation detector FD and a stimulator IG which could be positioned inside a pacemaker, such as pacemaker 15 of Fig. 1. That is, the prior art of Figure 1 can be modified by combining the elements of Figure 1 with the elements of Figure 2. The fibrillation detector FD has two inputs A1, V1, in which electrodes 1a, 1b are connected, respectively. Electrode 1b is located in an atrium A of a human heart H, which is shown schematically. Electrode 1a is located in a ventricle V of the heart and connected to the fibrillation detector through input V1. The fibrillation detector receives electrical signals through electrodes 1a and 1b. These signals represent the activity of the atrium A and the ventricle V. The stimulator IG is likewise connected with the electrode 1b in atrium A through output A2 and with the electrode 1a in ventricle B through output V2. Accordingly, the stimulator is able to deliver electrical impulses through the respective outputs A2 and V2 to the atrium A and the ventricle V through electrodes 1b and 1a. Also shown is a lead L connecting the stimulator IG to the fibrillation detector. The lead L serves the function of transmitting directions or orders between the fibrillation detector and stimulator, as well as transmitting a response that the signal has been received. The stimulator IG or the fibrillation detector FD communicate with each other through the lead L.

Please replace paragraph [0020] with the following amended paragraph:

[0020] Figure [[2]]3 shows, in a block diagram, the principal functionality of the arrangement illustrated in Figure 1. In step 1, the cardiac activity is determined. In this, the fibrillation detector FD captures and records the electrical activity in atrium A and ventricle V, by way of the electrodes 1a and 1b and the inputs A1, V1. The recordation occurs over a time period that is longer than the period or cycle of a normally beating heart. In the next step 2, it is determined whether a fibrilllation threshold value has been exceeded. To do that, the recorded atrial and ventricular cardiac activity is compared and analyzed against predetermined parameters. The frequency of the captured signals is included in any case in the measurement of fibrilllation. When the frequency of captured signals at A1 and V1 is less than the fibrillation threshold, the procedure returns to step 1, in which the cardiac activity is again determined. This is shown schematically in Figure [[2]]3 as the "No" path leading away from the step 2 to step 1.